PART B FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDEN		ck 1 for any change of address)	OHA.		······································	Andrew FEE ADDRESS 101	
KINNEY & LAI THE KINNEY & 312 SOUTH THII	LANGE BUILDIN RD STREET	PATE OF THE PATE O	MAY 12 2009 SL	ENT VIA EXI ABEL NO.:	PRESS MAIL EM 299375792	US	
MINNEAPOLIS,	MN 55415-1002			Alan M. Koe	enck	(Depositor's name)	
				aex	2	(Signature)	
				May 12, 200)9	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/577,499	04/28/2006		Bruno Bleines	Ø5/13/2	098 FREZHES00 000001	359 105774993	
TITLE OF INVENTION: HEALTH MONITORING SYSTEM IMPLEMENTING MEDICAL DIAGNOSIS 91 FC:2591 92 FC:1594 755.99 OP 360.00 OP							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	05/27/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
HOLMES, MICHAEL B		2129	706-047000	•			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						document has been filed for	
Vigimedis S.A.S.			Rosieres-Pres-Troyes, France				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0982 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S NOTE: The Issue Fee and F	SMALL ENTITY status.	See 37 CFR 1.27.	b. Applicant is no lon			FR 1.27(g)(2). he assignee or other party in	
Authorized Signature	ale X	·	Conice.	Date _ May 1	2, 2009	· ·	
Typed or printed name Alan M. Koenck				Registration No.		; _ 	
This collection of informatian application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virginia 22313	pplication form to the Use for reducing this burdering this burdering the DO N	R 1.311. The information I.S.C. 122 and 37 CFR JSPTO. Time will vary en, should be sent to the NOT SEND FEES OR (on is required to obtain or a 1.14. This collection is est depending upon the indiversity of the collection office COMPLETED FORMS TO	etain a benefit by the p imated to take 12 minu idual case. Any comm r, U.S. Patent and Trac D THIS ADDRESS. SE	ublic which is to file (an ites to complete, including ents on the amount of ti lemark Office, U.S. Dep END TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address SENT VIA EXPRESS MAIL 164 02/27/2009 KINNEY & LANGE, P.A. LABEL NO.: EM 299375792 US THE KINNEY & LANGE BUILDING 312 SOUTH THIRD STREET MINNEAPOLIS, MN 55415-1002 Alan M. Koenck (Depositor's name (Signature 2009 (Date) May APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO **CONFIRMATION NO** 10/577,499 04/28/2006 Bruno Bleines B829. 312-0001 TITLE OF INVENTION: HEALTH MONITORING SYSTEM IMPLEMENTING MEDICAL DIAGNOSIS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$755 \$300 \$0 \$1055 05/27/2009 **EXAMINER** ART UNIT CLASS-SUBCLASS HOLMES, MICHAEL B 2129 706-047000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Change of correspondence address (or Change of Correspondence

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

or agents OR, alternatively,

(A) NAME OF ASSIGNEE

Authorized Signature

Address form PTO/SB/122) attached.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(1) the names of up to 3 registered patent attorneys

Viginadia C A C				
Vigimedis S.A.S.	Rosieres-Pres-Troyes, France			
Please check the appropriate assignee category or categories (will not be	printed on the patent):			
Aa. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0982 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee and Publication Fee (if required) will not be accep	ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in			

Typed or printed name __Alan_M._ Koenck Registration No. 43,724 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Date May 12, 2009

Kinney & Lange, P.A.